

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES

**CHRONOLOGICAL ADMISSION AND DISCHARGE REGISTER**

PERIOD  
COVERED

FROM

/ /

TO

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(Declining to provide racial, ethnic, sexual orientation or gender identity information does not affect consideration of an application.)

ADMISSION/DISCHARGE CODES *		PRIMARY LANGUAGE		SEX	
1 – Hospital	5 – Death	1 - Arabic	6 - Haitian Creole	11 - Spanish	1- Male
2 – Own Home	6 – Other (specify)	2 - Bengali	7 - Italian	12 - Urdu	2- Female
3 – Skilled Nursing Facility (SNF)		3 - Chinese	8 - Korean	12 - Yiddish	3- X
4 – Health Related Facility (HRF)		4 - English	9 - Polish	13 - Other	4- Other
		5 - French	10 - Russian		5- Declined

  

RACE			
1 - Alaskan Native	4 - Black or African American	7 - White	10 - Unknown
2 - American Indian	5 - Native Hawaiian	8 - Other	11 - Hispanic/Latino
3 - Asian	6 - Pacific Islander	9 – Declined	12 - Non-Hispanic/Latino

  

RACIAL ANCESTRY					
1 - Asian Indian	5 - Chinese	8 - Japanese	11 - Japanese	14 - Samoan	17 - Other
2 - Bangladeshi	6 - Filipino	9 - Korean	12 - Nepalese	15 - Thai	18 - Declined
3 - Burmese	7 - Guamanian and Chamorro	10 - Guamanian and Chamorro	13 - Pakistani	16 - Vietnamese	19 - Unknown

  

ADMISSION DATE	ADMISSION CODE	RESIDENT'S NAME	DOB	LANGUAGE CODE	RACE CODE	RACIAL ANCESTRY CODE	DISCHARGE DATE	DISCHARGE CODE	DISCHARGE ADDRESS (include name of facility is applicable)
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